

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583219

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					1	
18						1
19						
20						
21					1	
22						
23					1	
24						
25					1	
26						
27					1	
28						1
29						
30					1	
31						
32					1	
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34			1			
35					1	
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37					1	
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48						
49						
50						
TOTAL IND.	1		1		2	
TOTAL DEP.	15		1		18	
TOTAL CLAIMS	16		1		20	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					1	